

**2018-19 New Hanover County Schools Free and Reduced Price School Meals Household Application** 1802 South 15th Street, Wilmington, NC 28401 / (910) 254-4299  
 (Complete one application per household. Please use a pen.)

**A. CHILDREN and STUDENT Household Members**

- 1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
- 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

First Name	MI	Last Name	Circle One: S O

If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.

School Name	Grade

If applicable, please CIRCLE if a CHILD/STUDENT is:  
 H = Homeless  
 M = Migrant  
 R = Runaway  
 F = Foster

Circle One: H M R F

**NOTE:** For more information on types of income see the "Sources of Income for CHILDREN/STUDENTS" chart on page 1 of this booklet

**CHILD/STUDENT INCOME Earnings from Work**

ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)

GROSS Income	CIRCLE Frequency
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly

**CHILD/STUDENT INCOME from ALL OTHER Sources**

Income	CIRCLE Frequency
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly
	Weekly Monthly
	Bi-Weekly Bi-Monthly

**B. Assistance Programs**

Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF or FDIPIR?

NO  YES

If "YES" please provide a case number (only one)

**CASE NUMBER:**

then SKIP to SECTION E

**C. ADULT Household Members**

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.

First Name (Head of Household)	Last Name (Head of Household)

  

First Name (Other Adults)	Last Name (Other Adults)

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of gross income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report.  
 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.

GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency
	Weekly Monthly		Weekly Monthly		Weekly Monthly
	Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly
	Weekly Monthly		Weekly Monthly		Weekly Monthly
	Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly
	Weekly Monthly		Weekly Monthly		Weekly Monthly
	Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly
	Weekly Monthly		Weekly Monthly		Weekly Monthly
	Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly
	Weekly Monthly		Weekly Monthly		Weekly Monthly
	Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly		Bi-Weekly Bi-Monthly

**D. Household Total and Social Security Number (SSN)**

ENTER Total Number of Household Members (Children and Adults) HERE →

ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY) →

I do not have a Social Security Number

**F. Child(ren)'s Ethnic and Racial Identities (Optional)**

**SELECT one ethnicity:**

Hispanic or Latino  
 Not Hispanic or Latino

**SELECT one or more (regardless of ethnicity):**

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

**E. Attestation:** An adult household member must sign the application

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature:	Today's Date:	Email:	Address:
Printed Name:	Contact Number:	City:	State: Zip Code:

**FOR OFFICE USE ONLY**

Total Household Members:

Total Household Income:

Weekly  Bi-Weekly  Monthly  
 Bi-Monthly  Annually

Eligibility Determination:  Categorical Eligibility  Free  
 Reduced  Denied

Reason for Denial of Eligibility:

Determining Official's Signature & Date:

Confirming Official's Signature & Date:

Verifying Official's Signature & Date: